

STANDARD FACILITY REPORT -- UNITED STATES
Registrars Committee of the American Association of Museums
Adopted 1998

Borrowing Institution Profile

Name of Borrowing Institution/Loan Venue	Fort Vancouver National Historic Site, National Park Service
Contact Person	Theresa Langford
Title	Curator
Mailing Address	612 East Reserve Street Vancouver, WA 98661
Street Address	same as above
Shipping Address	same as above
Telephone Number	(360) 816-6252
Fax Number	(360) 816-6363
E-mail Address	Theresa_Langford@nps.gov
World Wide Web URL	www.nps.gov/fova
Purpose of Loan/ Exhibition Title	
Dates at Loan Venue	

STANDARD FACILITY REPORT
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NOTICE

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INSTITUTION NAME: Fort Vancouver NHS, National Park Service

Please attach a floor plan of the museum, indicating:

- where borrowed object(s) will be displayed
- receiving area
- location of reception areas
- location of portable fire extinguishers, fire suppression and detection systems

Floor plan attached

☒ Yes ☐ No

Please indicate the system of measurement used to report dimensions and weight capacities for your museum:

- ☒ English measure (feet, inches, miles, etc.)
☐ International System of Units (IS) (meters, centimeters, kilograms, kilometers, etc.)

1. GENERAL INFORMATION

1.1 Is your institution currently accredited by the American Association of Museums? ☐ Yes ☒ No

If yes, date of most recent accreditation decision

1.2 Check the type(s) that best describe your institution:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Museum (non-profit) | <input checked="" type="checkbox"/> History |
| <input type="checkbox"/> Aquarium | <input type="checkbox"/> Natural History/Anthropology |
| <input type="checkbox"/> Arboretum/Botanical Garden | <input type="checkbox"/> Nature Center |
| <input type="checkbox"/> Art | <input type="checkbox"/> Science |
| <input type="checkbox"/> Children's/Youth | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> General | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Historic House | |
| <input type="checkbox"/> University | <input type="checkbox"/> Cultural Organization |
| <input type="checkbox"/> Museum or Gallery | <input type="checkbox"/> Library |
| <input type="checkbox"/> Student Center/Union | <input type="checkbox"/> Religious Institution |
| <input type="checkbox"/> Library | <input type="checkbox"/> Civic/Exhibition Center |
| <input type="checkbox"/> Department ____ | <input type="checkbox"/> Fair Building |
| | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Other (specify) | |

GENERAL INFORMATION (cont.)

Geographic Profile

Contact your local fire department and/or municipal building department for assistance in answering questions 1.3 through 1.6.

1.3 Is your building located in an earthquake or earth movement prone zone? ☒ Yes ☐ No

Please consult the map in the printed report to determine the number corresponding to the area in which your building is located. Use the blank below to indicate the seismic zone number listed on the map.
Seismic Zone

1.4 Is your building located in an area designated as a flood zone or next to a body of water which can overflow its boundaries? ☒ Yes ☐ No

If so, what is the flood rating for your building? 100 year flood plain

Explain rating method: Though we are within the flood plain, collection are stored on second floor of building.

1.5 Is your building located in an area subject to other natural catastrophes such as hurricanes, tornadoes, or severe windstorms? ☐ Yes ☒ No

If yes, is your building equipped with working storm shutters? ☐ Yes ☐ No

If yes, what types of shutters?

1.6 Is your institution in a designated brush zone? ☐ Yes ☒ No

Staff and Major Contractors

1.7 Use the matrix below to provide information on key museum staff members who will work with temporary or traveling exhibitions. Provide both work and home numbers for employees. Under employment status, please indicate if employee is a full- or part-time staff member or is a contractor. If employee is a contractor, provide the name of the contracting firm or organization. Please provide the specialty of curators and conservators. Attach a continuation sheet if necessary.

POSITION	NAME	TITLE	TELEPHONE/FAX NUMBERS	E-MAIL ADDRESSES	EMPLOYMENT STATUS (F/T, P/T, Contractor)
Director (Chief Exec. Officer)	Tracy Fortmann	Superintendent	Work: (360) 816-6205 Home: Fax: (360) 816-6363	Tracy_Fortmann@nps.gov	FT
Security Supervisor			Work: Home: Fax:		
Registrar I			Work: Home: Fax:		
Registrar II			Work: Home: Fax:		
Shipping/Receiving Officer			Work: Home: Fax:		
Curator I	Theresa Langford	Curator	Work: (360) 816-6252 Home: Fax: (360) 816-6363	Theresa_Langford@nps.gov	FT
Curator II	Specialty: Heidi Pierson	Museum Technician	Work: (360) 816-6255 Home: Fax: (360) 816-6363	Heidi_Pierson@nps.gov	FT
Conservator I	Specialty:		Work: Home: Fax:		
Conservator II	Specialty:		Work: Home: Fax:		
Customs Broker	Specialty:		Work: Home: Fax:		

2. BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE

General

2.1 Please indicate the dates your original building and any subsequent additions were completed. Use an "x" to indicate the gallery/areas where loan items will be stored and displayed.

	Date of Completion	Loan Item Storage Area	Loan Item Display Area
Original Building	1994		
Addition 1			
Addition 2			
Addition 3			

2.2 What type of building materials were used for your original building?
[Indicate "x" where appropriate]

Original Building	Adobe	Brick	Concrete	Glass	Safety Glass	Steel	Stone	Wood	Fabric/ Carpet	Other (specify)
Exterior Walls					X			X		
Interior Walls								X		X Sheetrock
Floors								X	X	X Tiles
Ceilings								X		X Sheetrock
Structural Supports			X			X		X		

What type of building materials were used for subsequent additions? Attach an additional sheet if necessary. [Indicate "x" where appropriate]

Addition 1	Adobe	Brick	Concrete	Glass	Safety Glass	Steel	Stone	Wood	Fabric/ Carpet	Other (specify)
Exterior Walls										
Interior Walls										
Floors										
Ceilings										
Structural Supports										

2.3 Indicate ("x") the most appropriate description of your building and any additions. Contact your local fire department or municipal building department for assistance, if necessary, in answering this question.

	Type I -- Fire Resistive	Type II -- Non-Combustible	Type III -- Ordinary	Type IV -- Heavy Timber	Type V -- Wood Frame
Original Building					X
Addition 1					
Addition 2					
Addition 3					

If your original building or any additions are Type I -- Fire Resistive, is there a sprayed-on fire retardant?

☐ Yes

☒ No

BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE (cont.)

2.4 Are all structures free-standing?

☒ Yes

☐ No

If no, provide a physical description and the purpose of the larger structure into which it is incorporated and how museum access is restricted/monitored:

2.5 Are you undergoing renovation at this time?

☐ Yes

☒ No

2.6 Do you anticipate any construction or renovation projects during the proposed loan period?

☐ Yes

☒ No

If yes, explain:

2.7 How many floors does your building have? 2

If more than one floor, indicate mode of access between levels:

☒ Stairs

☒ Elevator

☐ Other (*specify*)

Are floors divided by three-hour fire doors?

☒ Yes

☐ No

Temporary Exhibition Space(s)

2.8 Indicate the layout of your temporary exhibition area(s):

☐ One large room

☐ Series of small rooms

☐ Other (*specify*)

2.9 What is the load capacity of exhibition gallery floors (if it pertains to the loan object(s) in question)?

2.10 Are any temporary exhibition spaces located in public activity areas such as lobbies, lounges, hallways, libraries, cafes, classrooms, etc.?

☒ Yes

☐ No

If yes, describe: Viewing corridor

2.11 Are the temporary exhibition areas used only for viewing?

☒ Yes

☐ No

If no, what other function(s) do they serve?

2.12 Are there any water fixtures or accessories such as plumbing pipes, sprinkler systems, water fountains, etc., located in or above temporary storage or exhibition areas?

☒ Yes

☐ No

If yes, describe: fire suppression system

BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE (cont.)

2.13 Do you have a modular wall partition/panel system?

☐ Yes

☒ No

If yes, indicate means of support:

☐ Supported at floor and ceiling

☐ Supported only at floor

Indicate the materials used in construction:

2.14 Describe the type and location of public activities that take place in your building, other than exhibitions:
Tours on occasion

Do these activities take place in temporary exhibition galleries?

☒ Yes

☐ No

2.15 Are eating and drinking ever permitted in:

Temporary exhibition galleries?

☐ Yes

☒ No

Temporary exhibition storage?

☐ Yes

☒ No

Receiving area?

☐ Yes

☒ No

Temporary exhibition preparation area?

☐ Yes

☒ No

If yes, please explain:

2.16 Do you make routine inspections for rodent, insect and microorganism problems?

☒ Yes

☐ No

If yes, describe means and frequency: Maintenance staff daily check, Museum Tech weekly

2.17 Do you undertake routine extermination/fumigation procedures?

☐ Yes

☒ No

If yes, describe methods, products used, and frequency:

Describe what course of action you would take if and when an infestation occurs: Action according to Integrated Pest Management Plan

2.18 Please supply details of how the exhibition area is managed during an exhibition with regard to routine lamp replacement, cleaning procedures, and checking of equipment: Maintenance staff daily check, Curator weekly

BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE (cont.)

Shipping and Receiving

2.19 What are your normal receiving hours? 6:30 am to 2:30 pm

2.20 Can you accommodate a delivery at times other than these hours?

☒ Yes

☐ No

2.21 How are large shipments received? pallet

2.22 What is the largest size vehicle your loading area will accommodate (if it pertains to the loan objects in question)? semi-truck

2.23 Do you have (or have access to) the following? Please "x" all that apply and provide requested details, if they relate to the loan item(s) in question.

- | | |
|--|---------------------------|
| <input type="checkbox"/> Shipping/receiving door | (dimensions: H ___ W ___) |
| <input type="checkbox"/> Raised loading dock | (height from ground: ___) |
| <input type="checkbox"/> Dock leveler | |
| <input checked="" type="checkbox"/> Forklift | (weight capacity: ___) |
| <input type="checkbox"/> Hydraulic lift | (weight capacity: ___) |
| <input type="checkbox"/> Crane | (weight capacity: ___) |
| <input checked="" type="checkbox"/> Ramp | (length: ___) |
| <input checked="" type="checkbox"/> Scaffolding | (height: ___) |
| <input type="checkbox"/> Other | (specify: ___) |

2.24 What is the maximum size crate your shipping/receiving door can accommodate?
(H ___ W ___ D ___)

2.25 If you do not have a shipping/receiving door or a raised dock, how do you receive shipments? (*Describe loading area and indicate on attached floor plan*) outdoor loading area next to maintenance facility

2.26 Is your loading area:

☐ Sheltered

☐ Enclosed

☒ Neither

2.27 Describe security precautions taken in your loading area: Staff access only

2.28 Do you have a secure receiving area separate from the loading area?
(Dimensions: L ___ W ___ Ceiling H ___)

☐ Yes

☒ No

If yes, is this area used only for exhibition objects?

☐ Yes

☒ No

If not, please describe other uses. general storage

BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE (cont.)

2.29 How is access to the receiving area controlled? staff access only

2.30 Where do you usually unpack/repack/prepare objects for exhibition? (Indicate by numbering all appropriate items in priority order, with 1 being the space most frequently used.)

- | | |
|--|--|
| <input type="checkbox"/> Receiving room | <input type="checkbox"/> Exhibition galleries |
| <input type="checkbox"/> Exhibition preparation room | <input checked="" type="checkbox"/> 1 Storage area |
| <input type="checkbox"/> In-house packing facility | <input type="checkbox"/> Outside packing facility |

2.31 Do you utilize an off-site packing/preparation facility? ☐ Yes ☒ No

If yes, indicate the most appropriate description:

- | | |
|--|--|
| <input type="checkbox"/> Museum property | <input type="checkbox"/> Commercial space contracted as needed |
| <input type="checkbox"/> Rented commercial space | <input type="checkbox"/> Other (specify) |

Indicate distance from your institution:

What is the mode of transportation between the two facilities?

Does a professional museum staff member always supervise packing/unpacking? ☐ Yes ☐ No

What is the title of the staff person responsible?

2.32 Where do you usually store loaned objects before they are installed? (Indicate by numbering all appropriate items in priority order, with 1 being the space most frequently used.):

- | | |
|--|--|
| <input type="checkbox"/> Receiving room | <input type="checkbox"/> Exhibition galleries |
| <input type="checkbox"/> Exhibition preparation room | <input checked="" type="checkbox"/> 1 Storage area |
| <input type="checkbox"/> In-house packing facility | <input type="checkbox"/> Outside packing facility |

2.33 Do you have a freight elevator? ☐ Yes ☒ No

Interior dimensions: L ___ W ___ Ceiling H

Load capacity:

BUILDING CONSTRUCTION, CONFIGURATION AND MAINTENANCE (cont.)

Storage

2.34 Do you have a secured storage area for temporary exhibition objects?

☒ Yes

☐ No

Interior dimensions: L ____ W ____ Ceiling H ____

Dimensions of door: H 80 in. W 72 in.

Is it: Separate from your permanent collection storage

☐ Yes

☒ No

Locked

☒ Yes

☐ No

Alarmed

☒ Yes

☐ No

Climate-controlled

☒ Yes

☐ No

(See Section 3 for detailed environmental information)

Who has access/keys? Curatorial staff

How is access controlled? Key and security alarm

2.35 Do you have fire detection and/or suppression systems in your temporary exhibition object storage area?

(See Section 4 for detailed information on fire protection)

☒ Yes

☐ No

Describe: detection and dry pipe suppression system

2.36 Do you have a highly secured storage area for precious small temporary exhibition objects?

☒ Yes

☐ No

If yes describe: locking museum cabinet or safe

2.37 Where do you store empty crates? ("x" all appropriate)

☐ On-premises

☒ Off-premises

If on-premises, is area:

☐ temperature-controlled

☐ pest-controlled

☐ humidity-controlled

If off-premises, is area:

☐ temperature-controlled

☐ pest-controlled

☐ humidity-controlled

3. ENVIRONMENT

Heating and Air Conditioning

3.1 Is your environmental control system in operation 24 hours a day, 7 days a week including times when the museum is closed?

☒ Yes

☐ No

Is there a back-up system for your environmental control system?

☒ Yes

☐ No

If yes, how long can it operate? one hour

3.2 Indicate the type and location of your environmental control systems ("x" all appropriate):

	Temporary Exhibition Storage	Temporary Exhibition Gallery	Throughout Building
Centralized 24-hour temperature control system			X
Centralized 24-hour humidity control system			X
Centralized 24-hour filtered air			X
Simple air conditioning (window units)			
Simple heating			

3.3 Describe cooling system:

	Type	Year Installed or Upgraded
In temporary exhibition galleries	HVAC System	1994
In temporary exhibition storage	HVAC System	1994

3.4 Describe heating system (i.e., convection, forced air, solar):

	Type	Year Installed or Upgraded
In temporary exhibition galleries	HVAC System	1994
In temporary exhibition storage	HVAC System	1994

3.5 Are portable heating devices used anywhere in your facility?

☐ Yes

☒ No

If so, what kind and where?

3.6 Describe humidity control equipment:

	Type	Year Installed or Upgraded
In temporary exhibition galleries	HVAC System	1994
In temporary exhibition storage	HVAC System	1994

3.7 Do you use any additives (i.e. corrosion-inhibitors, water treatments) in your humidification system?

☐ Yes

☒ No

If yes, explain:

ENVIRONMENT (cont.)

3.8 Who monitors and services the environmental systems?

- ☒ Staff
☒ On maintenance contract
☒ Called repair as needed

3.9 How often are the environmental systems monitored and serviced? monitored daily; serviced as needed

3.10 What are the recorded temperature and relative humidity ranges in your:

	Temporary Exhibition Galleries		Temporary Exhibition Storage	
	Temperature	% RH	Temperature	% RH
In Spring/Summer	68-72	45-75	68-72	45-75
In Fall/Winter	68-72	30-50	68-72	30-50

3.11 What is the maximum usual variation percentage within a 24-hour period in your:

	Temporary Exhibition Galleries		Temporary Exhibition Storage	
	Temperature	% RH	Temperature	% RH
In Spring/Summer	5	10	5	10
In Fall/Winter	5	10	5	10

3.12 Who responds to environmental control system problems?

- ☒ In-house personnel
☐ Contractor
☐ Other (please specify):

3.13 Are records of the variations in temperature and relative humidity kept? ☒ Yes ☐ No

3.14 Do you have the ability to adjust your temperature and relative humidity levels to meet the needs of different types of objects? ☒ Yes ☐ No

3.15 How many of each of the following do you have available and how often are they calibrated?

	Number available	Frequency of calibration
Recording hygrothermographs	15 (dataloggers)	unknown
Psychrometers		
Hygrometers		

3.16 Do you monitor and record temperature and relative humidity levels on a regular basis in:

- Temporary exhibition galleries? ☒ Yes ☐ No
 Temporary exhibition storage spaces? ☒ Yes ☐ No
 Display cases containing environmentally sensitive material? ☒ Yes ☐ No

If yes, by what means: ☐ Recording hygrothermographs
☒ Other (specify): dataloggers

Indicate frequency: bimonthly

Who is responsible for monitoring these levels? curator and museum techs

ENVIRONMENT (cont.)

3.17 Are the environmental conditions in temporary exhibition galleries: ("x" the most appropriate)

- ☐ Individually controlled
☒ All controlled as part of the entire building or with several other rooms

3.18 Are the temporary exhibition storage areas: ("x" the most appropriate)

- ☒ Individually controlled
☐ All controlled as part of the entire building or with several other rooms

3.19 How closely are loan objects positioned to heating, air conditioning, or humidification vents or units?

Describe: never closer than ten feet

Lighting

3.20 What type of lighting do you utilize in the temporary exhibition galleries? ("x" all appropriate)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Daylight | <input checked="" type="checkbox"/> Fluorescent |
| <input checked="" type="checkbox"/> Windows | <input type="checkbox"/> UV Filtered |
| <input type="checkbox"/> UV filtered | <input type="checkbox"/> Incandescent |
| <input type="checkbox"/> Equipped with shades or drapes | <input type="checkbox"/> Tungsten |
| <input type="checkbox"/> Skylights | <input type="checkbox"/> Iodide |
| <input type="checkbox"/> UV filtered | <input type="checkbox"/> Quartz |
| <input type="checkbox"/> Equipped with shades or drapes | <input type="checkbox"/> Other (specify) |

3.21 Do you have a light meter? ☒ Yes ☐ No

If yes, what type:

Do you have a UV meter? ☒ Yes ☐ No

3.22 How low can you adjust your light levels (# of foot-candles)?

3.23 Is your institution capable of building vitrines with special requirements upon request? ☐ Yes ☒ No

3.24 Are display cases equipped with dust filters? ☐ Yes ☒ No

3.25 Are display cases ever internally lit? ☒ Yes ☐ No

If yes, what type of lighting is used in the display cases ("x" all appropriate):

☒ Fluorescent ☐ Incandescent ☐ UV filtered ☐ Fiber optic

3.26 Are objects in display cases safeguarded against ultraviolet rays and heat build-up from interior lights? ☐ Yes ☒ No

If yes, how: ____

4. FIRE PROTECTION

Contact your local fire department or municipal building department for assistance, if necessary, in answering questions 4.1 and 4.2 and 4.15.

4.1 What is the fire rating of your building (e.g., A1)?

4.2 Is the entire building protected by a fire and/or smoke detection/alarm system? ☒ Yes ☐ No

If yes, indicate type (ion detectors, etc.): particle and heat detectors

If no, describe areas not protected:

4.3 Do your institution's fire detection/alarm systems employ components listed by Underwriters Laboratories? ☒ Yes ☐ No

Are the systems installed according to UL standards? ☒ Yes ☐ No

4.4 Are all emergency exit doors equipped with alarms? ☐ Yes ☒ No

If yes, indicate type:

Do doors automatically unlock when a fire alarm is activated? ☐ Yes ☒ No

4.5 How are the systems checked? maintenance staff

By whom? maintenance staff

How frequently? annually

4.6 How is the fire/smoke detection/alarm system activated? ("x" all appropriate)

	Temporary Exhibition Galleries	Temporary Exhibition Storage Areas
Self-activated heat detection	X	X
Self-activated smoke detection	X	X
Control panel		
Manual pull stations	X	X
Water flow switches in sprinkler system		

4.7 Who does your fire alarm system alert? ("x" all appropriate)

- ☐ In-house central station (proprietary system)
- ☒ In-house audible devices
- ☐ Local fire station--direct line
- ☒ UL/FM-approved central station (specify company)
- ☐ Other (specify)

FIRE PROTECTION (cont.)

4.8 Indicate the type(s) of fire suppression system(s) in operation where loaned object(s) will be **received, stored** and **exhibited**: ("x" all appropriate)

Sprinklers

	Received	Stored	Exhibited
Wet pipe			
Dry pipe	X	X	X
Delayed action			
Pre-action			
Other			

Location(s): Fur Store building

Year installed 1994

Are the staff and guards trained in shut-off procedures?

☒ Yes

☐ No

Gaseous fire suppression systems

	Received	Stored	Exhibited
Halon			
Clean agent			
Other			

Location(s)

Year installed

Fire hose cabinets per
local fire code

Received	Stored	Exhibited

Are fog nozzles installed?

☐ Yes

☒ No

Portable fire
extinguishers

Received	Stored	Exhibited
X	X	X

Specify type (e.g., pressurized water, carbon dioxide, dry chemical, foam, Halon, acid, other) ABC dry chemical

4.9 How often are portable extinguishers tested? annually

4.10 How frequently is the staff trained in the use of portable fire extinguishers? annually

4.11 In what areas and under what conditions is smoking allowed in your building? none

4.12 How far is your institution from the local fire station? within 5 miles

4.13 How long does it take the fire department to arrive at your facility in response to an alarm? within 5 minutes

4.14 How far is your building from the nearest fire hydrant? 50 feet

FIRE PROTECTION (cont.)

4.15 Is your local fire station staffed 24 hours a day?

☒ Yes

☐ No

What is the town class number for the fire department? (NB 4, NB 5, NB 9)?

Is there an on-site fire brigade?

☐ Yes

☒ No

Has the fire department visited your facility and met with you to pre-plan a course of action should a fire occur at your facility?

☒ Yes

☐ No

Date of the last visit by the fire department for pre-planning: 2006

4.16 Do you have an established fire emergency procedure?

☒ Yes

☐ No

If yes, how frequently is the staff trained in this procedure? annually

5. SECURITY

Guards and Access

5.1 Do you have 24-hour human guard security (as opposed to periods of electronic-only surveillance)?

☐ Yes

☒ No

If no, would your institution be willing to hire additional guards, if required?

☐ Yes

☒ No

5.2 What type of security personnel does your institution utilize? ("x" all appropriate)

☐ Security employees of your institution

☐ Other staff

☐ Contractors from an outside service company

Name of company

☐ Students

☐ Volunteers/docents

☒ Other (specify) agreement with City of Vancouver PD

5.3 Do you have a trained security supervisor in charge at all times?

☐ Yes

☒ No

5.4 Are your security personnel specially trained for your facility?

☐ Yes

☐ No

If yes, briefly explain the extent and duration of their training:

5.5 Are your guards ("x" all appropriate)

☐ Armed?

☐ Radio-equipped?

☐ Pager-equipped?

☐ Phone-equipped?

☐ Other (specify)

5.6 Do you conduct background checks on guards prior to hiring?

☐ Yes

☐ No

Do you perform honesty testing on prospective or new employees?

☐ Yes

☐ No

Do you perform background checks on prospective or new employees?

☐ Yes

☐ No

5.7 Indicate the number of guards normally on duty:

	Throughout Building		In Temporary Exhibition Galleries	
	Stationary	Patrolling	Stationary	Patrolling
During public hours (day/evening)				
When closed to the public, but open to staff				
During closed hours				

5.8 How many galleries are assigned to each guard?

5.9 Is a guard assigned during installation and deinstallation?

☐ Yes

☐ No

If no, can one be, if required?

☐ Yes

☐ No

How is access restricted during installation and deinstallation of temporary exhibitions?

SECURITY (cont.)

5.10 How often are temporary exhibition galleries checked when closed? _____

By whom?

How is the frequency of these checks ensured (e.g., checkpoint system, etc)?

5.11 How often are "checklist" checks made of the objects in temporary exhibitions? weekly

Who is responsible for these checks? curator

5.12 Do you make a photographic record of objects within each temporary exhibition gallery?

☒ Yes

☐ No

5.13 Do you maintain records on internal movement and relocation of borrowed objects? ☒ Yes

☐ No

5.14 Are security personnel stationed at all entrances and exits to the building during open hours?

☐ Yes

☒ No

If no, explain:

5.15 Indicate the positions/titles of those individuals authorized to sign for the removal of museum objects from the building: curator

5.16 Is every object entering or leaving the building signed in and out by security personnel?

☐ Yes

☒ No

5.17 Are the contents of bags, briefcases, etc. checked upon entering and exiting?

☐ Yes

☒ No

Is there a handcarry size restriction?

☒ Yes

☐ No

If yes, what is it? all bags or purses must be left in locker

What is your policy on use of tripods in temporary exhibition galleries?

5.18 Do you have a sign-in/sign-out procedure for guards and after-hours personnel?

☒ Yes

☐ No

5.19 How many staff members have keys to exterior doors? all park staff

Specify positions/titles:

5.20 Are exterior perimeter checks of the building carried out?

☐ Yes

☒ No

If yes, by whom and how frequently? ____

SECURITY (cont.)

5.21 Do your staff (paid and volunteer) and special guests wear identifying badges when in non-public areas of your building?

☒ Yes

☐ No

5.22 Do you have an emergency response plan?

☒ Yes

☐ No

Do you have a disaster recovery plan?

☒ Yes

☐ No

Please list the date of the last revision for each: 2006

If your institution utilizes such plans, how frequently is the staff trained in their implementation?
annually

5.23 What emergency procedures are observed in the case of theft or vandalism?
contact local PD

Physical and Electronic Systems

5.24 Do you have an electronic security alarm system in operation throughout the building?

☒ Yes

☐ No

If no, specify which areas are not protected:

5.25 What types of detection equipment are in operation ("*x*" all appropriate)

☐ Magnetic contacts

☐ Photo electric beams

☐ Ultrasonic motion detectors

☐ Sonic sensors

☐ Break glass sensors

☐ Other (specify) ____

☐ Microwave motion detectors

☒ Passive infrared motion detectors

☐ Pressure mats on switches

☐ Closed circuit TV

☐ Water detection devices

5.26 Is your institution's security system certified by Underwriters Laboratories?

☒ Yes

☐ No

Are its components listed by UL?

☒ Yes

☐ No

5.27 Where does your detection system sound an alarm? ("*x*" all appropriate)

☐ Proprietary central station

☒ Local audible alarms

☐ Local police--direct line (if ALL systems do not automatically register at the police station, indicate which ones do not)

☒ UL/FM central station (specify company) Action Tech

☐ Other (specify)

SECURITY (cont.)

5.28 Do exterior doors open directly into the temporary exhibition area? ☒ Yes ☐ No

If yes, indicate locking mechanism: deadbolts

5.29 Are there windows in the temporary exhibition area? ☐ Yes ☒ No

If yes, what type of physical security (e.g., bars, gates, mesh) protects them?

5.30 Are all the building's exterior openings (including entry/exit doors, windows, roof doors and air ducts) secured and alarmed? ☒ Yes ☐ No

If no, explain:

5.31 How are your security systems tested? Test mode; practice calls

How often? unknown

Who undertakes these tests? maintenance staff and alarm company

5.32 Are tests conducted to determine the adequacy and promptness of human response to alarm signals? ☒ Yes ☐ No

If yes, how frequently? unknown

5.33 Are records kept of all alarm signals received, including time, date, location, action taken and cause of alarm? ☒ Yes ☐ No

Who is responsible for keeping these records? contracted alarm company

5.34 How are fragile, small or extremely valuable objects protected?

Check all appropriate:

- ☒ Acrylic vitrines
- ☐ Glass vitrines
- ☒ Wall/permanent cases
- ☒ Free-standing cases (*specify construction*):
- ☒ Locked cases
- ☐ Cases secured with exposed screws
- ☐ Cases secured with covered screws
- ☒ Cases secured with security screws
- ☒ Cases with sealed seams
- ☐ Alarmed cases (*specify type*)
- ☐ Other (*specify*)

If none of the above, is your museum willing to borrow or construct secure cases? ☐ Yes ☐ No

SECURITY (cont.)

5.35 How are small wall-mounted objects affixed to the wall to deter theft? (e.g., security plates, etc.)

5.36 What hardware is used to hang large, framed works?

5.37 Can framed objects be individually alarmed, if required?

☐ Yes

☒ No

5.38 Indicate methods utilized to deter public access to large exposed objects:

6. HANDLING AND PACKING

6.1 Do you have personnel available for loading and unloading?

☒ Yes☐ No

If yes, how many? 3

6.2 Do you have staff specially trained to pack and unpack objects?

☐ Yes☐ No

If yes, how many?

Supervised by whom?

What type of training is provided?

Do volunteers or interns handle borrowed objects?

☐ Yes☒ No

If yes, how are they trained and who supervises their work?

6.3 Are written incoming and outgoing condition reports made on all objects?

☒ Yes☐ No

If yes, by whom? curator

6.4 When do staff use gloves for handling objects? always

6.5 Is matting and framing carried out by your staff?

☒ Yes☐ No

If no, indicate by whom:

6.6 Does your institution have a van or truck appropriate for transporting loan objects?

☐ Yes☒ No

If yes, provide dimensions of:

Door (H ____ W ____)

Interior (L ____ W ____ Ceiling H ____)

Is the vehicle ("x" all appropriate):

☐ Air-ride☐ Climate controlled

☐ Equipped with an alarm system

☐ Equipped with movable straps☐ Equipped with lift gate

6.7 For the movement of objects, which companies (either air or ground) have given consistently good and conscientious service to your institution?

[illegible]

7. INSURANCE

7.1 Which company provides insurance for your institution? federal government

Broker's name:

Address:

Telephone number:

Fax number:

7.2 How long have you carried insurance with this company?

7.3 What coverage does your policy for borrowed objects provide? Please "x" all that apply:

- ☒ All-risk museum coverage, wall-to-wall (while on exhibit and in transit), subject to the standard exclusions
- ☒ Coverage against burglary and theft
- ☒ Coverage against fire
- ☒ Coverage against rising water and water damage
- ☒ Coverage against natural disasters (i.e., earthquake)
- ☒ Coverage against mysterious disappearance
- ☒ Coverage against employee dishonesty

7.4 What are the applicable non-standard exclusions of your policy affecting loans?

7.5 What are the deductible limits of coverage for borrowed objects?

7.6 Have there been any individual damages or losses over \$5,000 to permanent, loaned or borrowed collections incurred during the last three years (whether or not a claim was filed)? ☐ Yes ☒ No

If yes, state the date of damage or loss, circumstances and cause, extent of the damage or loss, whether there was litigation or subrogation to determine blame or negligence (add additional sheet, if necessary).

What precautions have now been undertaken to prevent any further incidents?

8. LOAN HISTORY

8.1 List several temporary exhibitions you have recently hosted:

Exhibition Title/Organizing Institution	Year
None	

8.2 List other institutions you have borrowed from recently:

Name of Institution	Object Type	Year
Oregon Historical Society	Desk	196X?

9. ADDITIONAL INFORMATION AND COMMENTS

10. **VERIFICATION AND RESPONSIBILITY**

THE UNDERSIGNED IS A LEGALLY AUTHORIZED AGENT FOR THE SUBJECT INSTITUTION AND HAS COMPLETED THIS REPORT. THE INFORMATION INDICATED PROVIDES A COMPLETE AND VALID REPRESENTATION OF THE FACILITY, SECURITY SYSTEMS AND CARE PROVIDED TO OBJECTS (BOTH OWNED AND BORROWED).

Signature _____

Typed Name Theresa Langford

Title Curator

Date March 30, 2010

PLEASE SIGN AND DATE BELOW TO INDICATE THAT THE INFORMATION PROVIDED IN THIS DOCUMENT HAS BEEN REVIEWED FOR ACCURACY AND HAS BEEN UPDATED WHERE NECESSARY WHEN IT IS REISSUED.

SUBSEQUENT REVIEWS:

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
Signature	Title	Date